



TRANSITIONS PHYSICAL THERAPY

Employment Application

Date _____

APPLICANT INFORMATION

First Name Last Name MI

Address City State Zip

Home Phone Cell Phone

Email

Date Available Social Security No Desired Salary

Are you a citizen of the United States? Yes _____ No _____

If no, are you authorized to work in the U.S.? Yes _____ No _____

EDUCATION

High School Address

From to Degree

College Address

From to Degree

Graduate School Address

From to Degree

CONTINUING EDUCATION

Do you have or are you working towards an Advanced Certification or Specialty?

Yes _____ No _____

If yes, please list the Advance Certification or Specialty _____

Please list any continuing education classes you have completed.

REFERENCES

Please list three professional references.

Full Name Relationship

Company Phone

Full Name Relationship

Company Phone

Full Name Relationship

Company Phone

PREVIOUS EMPLOYMENT

Company

Address

Supervisor Phone

Job Title Starting Salary Ending Salary

Company

Address

Supervisor Phone

Job Title Starting Salary Ending Salary

AVAILABILITY

Please indicate the hours you are available.

Monday	Morning	Midday	Afternoon	Evening
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Tuesday	Morning	Midday	Afternoon	Evening
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Wednesday	Morning	Midday	Afternoon	Evening
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Thursday	Morning	Midday	Afternoon	Evening
Friday	Morning	Midday	Afternoon	Evening
Saturday	Morning	Midday	Afternoon	Evening

LICENSURE INFORMATION

Do you have a State of Vermont license for Physical Therapy? _____

If yes, what is your licensure number? _____

What is your National Provider Identification Number? _____

1. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?
Yes _____ No _____
2. Are criminal charges pending against you in any court? Yes _____ No _____
3. Have you ever been under medical review or disciplinary action by any third party payer including Medicare or Medicaid? Yes _____ No _____
4. Has Vermont or any other State, Federal Authority or other Jurisdiction (US or elsewhere) denied an application by you for a license, certificate or registration to practice a profession or occupation? Yes _____ No _____
5. Has Vermont or any other State, Federal Authority or other Jurisdiction (US or elsewhere) refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes _____ No _____
6. Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes _____ No _____
7. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

Yes _____ No _____

NOTE: If you answer "Yes" to any questions numbered 1-7, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Conviction. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

**Resume is not required but please feel free to attach one to this application if you wish.*

All of our staff are a part of our annual planning and strategic vision including personal assessment and development for the year to come. Please fill out the One Page Business Plan that follows on the next page to highlight your potential and your contribution to our development process.

Transitions Physical Therapy

Staff Development & Growth

One Page Personal Business Plan



Name, _____ Position, Job Applicant _____ Last Updated: 3/22/15

In a few words please tell us about your personal vision. Where are you going this year? Where are you going in 5 years? Why? How does Transitions PT fit into your personal vision?



vision

Tell us about your personal mission statement:



mission

What are your top 2 personal objectives? What are your top 2 professional objectives?



objectives

What is your strategy short term and long term to achieving them?



strategies

What is your action plan and timeline?



action plans